

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS 0000"

SECTION I: GENERAL INFORMATION

Stone Energy Corporation

Owner or Operator Name		Division of Air Quality ID Number (If Available)
6000 Hampton Center		
Street Address		
Morgantown	WV	26505
City	State	ZIP Code
David Lovett	LovettDA@StoneEnergy.com	304 225-1772
Facility Local Contact Name	E-Mail	Telephone Number
		08/09/2013
Signature		Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Route flowback gas to a completion combustion device | <input type="checkbox"/> Use on-site as a fuel source; |
| <input type="checkbox"/> Reinject into the well or another well | <input type="checkbox"/> Route flowback gas to a salable gas pipeline |
| <input type="checkbox"/> Other _____ | |

[Add rows to the table for additional wells, as necessary]

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-103-02568	Mason-Conlon #1H	39.62633 80.72661	09/23/2013	08/15/2013
47-103-02567	Mason-Conlon #2H	39.62627 80.72657	09/23/2013	08/15/2013
47-103-02816	Mason-Conlon #3H	39.62637 80.72664	09/23/2013	08/15/2013
47-103-02818	Mason-Conlon #4H	39.62634 80.72654	09/23/2013	08/15/2013
47-103-02817	Mason-Conlon #5H	39.62639 80.72657	09/23/2013	08/15/2013